

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
RECOMPLETION FORM
ACO-2 AMENDMENT TO WELL HISTORY

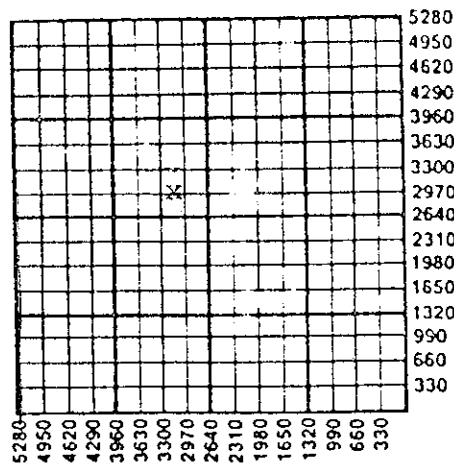
API NO. 15- 125-27,380 0001
County Montgomery East
SE SE NW Sec. 2 Twp. 33 Rge. 15 West
2970 Ft. North from Southeast Corner of Section
3040 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name Clarkson Well # G-2
Field Name Jefferson - Sycamore
Producing Formation Mulky Coal
Elevation: Ground 773 KB

Operator: License # 30451
Name: GeoMap, Inc.
Address: 1702 Overlook Drive
City/State/Zip: Independence, KS 67301
Purchaser: _____
Operator Contact Person:
Phone: (316) 331-3140

Designate Type of Original Completion
 New Well Re-Entry Workover
Date of Original Completion 03-30-85
Name of Original Operator The Production Team
Original Well Name Clarkson #3
Date of Recompletion: 9-22-90 11-26-90
Commenced Completed
Re-entry Workover

Designate Type of Recompletion/Workover:
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)
 Deepening Re-perforation
 Plug Back 985' PBTD
 Conversion to Injection/Disposal

Is recompleted production:
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (Disposal or Injection?) Docket No. _____



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3-14 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit ACO-4 or ACO 5 prior to or with this form for approval of commingling or dual completions. Submit CP-1 with all plugged wells. Submit CP-111 with all temporarily abandoned wells. NOTE: Conversion of wells to either disposal or injection must receive approval before use; submit form U-1.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Terri L. Bryant-Cair Title President Date 02-19-91
Subscribed and sworn to before me this 19th day of February 19 91
Notary Public Jeffery S. Parker Date Commission Expires 11-16-1991

SIDE TWO

Operator Name GeoMap, Inc. Lease Name Clarkson Well # G-2
 Sec. 2 Twp. 33 Rge. 15 East West
 County Montgomery

RECOMPLETION FORMATION DESCRIPTION

Log Sample

Name _____ Top _____ Bottom _____

"See Attached"

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
	985	1075	Portland		Sand plug 25 gal. sand Spot cement 10'

Shots Per Foot	PERFORATION RECORD		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
	Specify Footage of Each Interval Perforated		
4	738	744	1000 gal. 15% HCL

PBTD _____ Plug Type _____

TUBING RECORD

Size 1" Set At 980 Packer At _____ Was Liner Run Y N

Date of Resumed Production, Disposal or Injection TESTING

Estimated Production Per 24 Hours Oil _____ Bbls. Water _____ Bbls. Gas-Oil Ratio _____

Gas _____ Mcf TESTING

Disposition of Gas:

Vented Sold Used on Lease (If vented, submit ACO-18.)

STATION Chanute OPERATOR ...

Ticket 83170

CONSOLIDATED OIL WELL SERVICES, INC.

P.O. Box 884
Chanute, Kansas 66720
Phone (316) 431-9210

Date <u>11/19/90</u>	Customer's Acct. No. <u>2139</u>	Sec. <u>2</u>	Twp. <u>...</u>	Range <u>...</u>	Well No. & Farm <u>...</u>	Place or Destination <u>...</u>
Charge To <u>CAMM VANLIS</u>				Owner <u>...</u>		County <u>...</u>
Mailing Address <u>1702 Overland Dr.</u>				Contractor <u>...</u>		State <u>...</u>
City & State <u>Independence MO 64601</u>				Well Owner Operator Contractor <u>...</u>		

CEMENTING SERVICE DATA

TYPE OF JOB		CASING		HOLE DATA		PLUGS AND HEAD		PRESSURE		CEMENT LEFT IN CASING	
Surface		New		Bore Size	<u>0.2</u>	Bottom	<u>...</u>	Circulating	<u>800</u>	Requested	
Production		Used	<input checked="" type="checkbox"/>	Total Depth		Top	...	Minimum	<u>800</u>	Necessity	
Squeeze		Size	<u>1"</u>	Cable Tool		Head	...	Maximum	<u>...</u>	Measured	
Pumping		Weight		Rotary		FLOAT EQUIPMENT		Sacks Cement			
Other	<input checked="" type="checkbox"/>	Depth	<u>...</u>					Type & Brand			
		Type	<u>...</u>					Admixes			

FRACTURING - ACIDIZING SERVICE DATA

Type of Job	At Intervals of					
Bbls Fracturing Fluid	Breakdown Pressure from	psi to	psi			
Treating Pressures: Maximum	psi	Minimum	psi	Avg. Pump Rate	GPM/BPM	Close In
Sand	Gals. Treating Acid	Type			Open Hole Diameter	
Well Treating Through: Tubing	Casing	Annulus	Size		Weight	
Remarks:						
No. Perforations	Pay Formation Name			Depth of Job		ft.

CEMENTING INVOICE SECTION FRACTURING - ACIDIZING

Pumping Charge <u>Two wells</u>	Office Use	\$	Pumping Charge	Office Use	\$
Pumping Charge @ <u>550</u>	Use	\$ <u>240.00</u>	Pumping Charge @	Use	\$
Sacks Bulk Cement @			12x30 Sand @		
Ton Mileage on Bulk Cement @			10x20 Sand @		
Premium Gel @			x Sand @		
Flo-Seal @			Ton Mileage @		
Calcium Chloride @			Gals., Acid @		
Plug @			Chemicals @		
Equipment @			@		
<u>Supt. Cement</u> @			@		
<u>Bottom of well</u> @			@		
<u>they had the</u> @			@		
<u>Company</u> @			Potassium Chloride @		
Granulated Salt @			Rock Salt @		
Transport Truck (Hrs.) @			Water Gel @		
Vac Truck (<u>4</u> Hrs.) @			Transport Truck (Hrs.) @		
@			Vac Truck (Hrs.) @		
@			@		
	Tax			Tax	

A Finance Charge computed at 1 3/4% per month (annual percentage rate of 21%) will be added to balance over 30 days. Total \$ 416.00

Total \$

DAVIS GREAT GUNS LOGGING, INC.

P.O. Box 20810
Wichita, Kansas 67208
316-687-5530

No 62285

Date SEPTEMBER 22, 1990

Station HOMINY

Unit No. 42

CHARGE TO: GEOMAP 50560
 ADDRESS 1702 OVERLOOK DRIVE - INDEPENDENCE, KANSAS 67301
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. _____
 LEASE AND WELL NO. CLARKSON SR. "G"-2 FIELD _____
 NEAREST TOWN INDEPENDENCE COUNTY Montgomery STATE KANSAS
 SPOT LOCATION 2970' FSL & 3040' FEL SEC. 2 TWP. 33S RANGE 15E
 ZERO GL CASING SIZE 2 7/8" WEIGHT --
 CUSTOMER'S T.D. 910' GREAT GUNS T.D. 920' FLUID LEVEL FULL
 ENGINEER J. FISHER OPERATOR J. GAYLOR K. BRELOW

PERFORATING						
Code Reference	Description	No. Shots	From	Depth To	Amount	
3500.01	PERFORATE WITH 1 1/16" TORNAO SETS	24	738	744	--	--

DEPTH AND OPERATIONS CHARGES						
Code Reference	Description	From	Depth To	Total No. Ft.	Price Per Ft.	Amount

MISCELLANEOUS			
Code Reference	Description	Quantity	Amount
1000.02	Service Charge #142	1	--
1600.02	MOST POLY TAPES #221	1	--

PAID 3-

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE

ORIGINAL INVOICE

Code Ref.	Sub Total	640 00
.....	Tool Insurance	
.....	Tax	
NET DUE 30 DAYS		
.....	Net Price	640 00

Customer Signature _____ Date _____